

11.0 MEDICAL SURVEILLANCE AND QUALIFICATION

All PMC and PMC Subcontractor employers participating in hazardous waste operations or emergency response (or if required by Subcontract) shall maintain an adequate medical surveillance program in accordance with 29 CFR 1910.120 or 29 CFR 1926.65 and other applicable OSHA standards. As necessary, the employer shall determine the employee's fitness for duty following an extended absence (e.g., five working days) due to injury, illness, or medical treatment that could affect the worker's ability to work safely. Documentation of employee medical qualification (e.g., physician's written opinion) shall be maintained at RMA by the employer (PMC or PMC Subcontractor) and made available for inspection by the PMC or RVO.

11.1 Hazardous Waste Operations and Emergency Response

The PMC or PMC Subcontractor personnel expected to participate in on-site hazardous waste operations or emergency response (or if required by subcontract) at RMA are required to have a current medical qualification for performing this work. Medical qualification shall consist of a qualified physician's written opinion regarding fitness for duty at a hazardous waste site, including, if appropriate, any recommended limitations on the employee's assigned work. **The physician's written opinion shall state whether the employee has any detected medical conditions that would place the employee at increased risk of material impairment of the employee's health from work in hazardous waste operations or emergency response, or from respirator use.**

11.2 Job or Site-Specific Medical Surveillance

Due to the nature of hazards for a particular job or worksite, specialized medical surveillance may be necessary. This surveillance could include biological monitoring for specific compounds (e.g., cholinesterase), specialized medical examinations, or preemployment back evaluations. Job- or site-specific medical surveillance and/or testing requirements shall be specified in the task-specific HASP.

11.3 Respirator User Qualification

Personnel required to wear respirators shall have a current medical qualification to wear respirators. Medical qualification shall consist of a qualified physician's written opinion regarding the employee's ability to safely wear a respirator in accordance with 29 CFR 1910.134.


11.4 Hearing Conservation

Personnel working in hazardous waste operations or operations that fall under 29 CFR 1910.95 and exposed to noise levels in excess of the 85 dBA TWA shall be included in a hearing conservation program that includes annual audiometric testing.

11.5 Emergency Data Sheet

An emergency data sheet is provided as Figure 11-1. This emergency data sheet should be completed by all on-site personnel and maintained at the site. Site workers have the responsibility to disclose to the designated HSS any known allergy or sensitivity, medications, or medical condition that may affect or be aggravated by site work. Where possible, this emergency data sheet will accompany an injured or ill worker to the medical facility. The emergency data sheet will be maintained in a secure location, treated as confidential, and used only on a need-to-know basis.

Figure 11-1 Emergency Data Sheet

 <small>TETRA TECH P.W., INC.</small>		Program Management Contractor Rocky Mountain Arsenal	EMERGENCY DATA SHEET
<p>The purpose of the Emergency Data Sheet is to provide a mechanism for employees to voluntarily disclose personal information that may be of assistance to project and emergency response personnel in the event of an emergency. This data sheet should be kept in a secure location to protect the privacy of the employee, yet should be readily available to appropriate personnel during an emergency situation. Return completed form to project safety representative and update this data sheet as often as necessary to maintain its accuracy. This may include changes in medication, emergency contacts or allergies and sensitivities.</p>			
Name:		Date:	
Address:		Age:	
		Height:	
Home Telephone:	Work Telephone:	Weight:	
Name and Telephone Number of Person(s) to be Contacted in the Event of an Emergency:			
Medications Currently Taking: (both prescribed and over-the-counter medication)			
Known Allergies or Sensitivities (such as allergic reaction to bee stings and food allergies):			
Other Significant Medical Alerts or Precautions:			
Name of Personal Physician:		Telephone No.:	
Implementation Project:		Supervisor's Name:	
Task:		Supervisor's Title:	
Company/Department:		Telephone Number:	